



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Application pending

C Name of organization Chamber of Commerce of the USA	
Number and street (or P O box if mail is not delivered to street address) 1615 H Street NW	Room/suite
City or town, state or country, and ZIP + 4 Washington, DC 200622000	

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ☐

M Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)


L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **124,311,875**

Form **990** (2006)

Part II

Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	5,894,965			
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	269,212			
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	31,633,478			
27	Pension plan contributions not included on lines 25a, b and c	27	5,513,626			
28	Employee benefits not included on lines 25a - 27	28	5,098,484			
29	Payroll taxes	29	2,640,155			
30	Professional fundraising fees	30	1,688,801			
31	Accounting fees	31	224,213			
32	Legal fees	32	780,079			
33	Supplies	33	427,655			
34	Telephone	34	1,959,972			
35	Postage and shipping	35	1,379,772			
36	Occupancy	36	3,960,166			
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,190,078			
39	Travel	39	7,772,477			
40	Conferences, conventions, and meetings	40	3,820,914			
41	Interest	41	1,936,950			
42	Depreciation, depletion, etc (attach schedule) 	42	2,488,732			
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	119,841,956			













Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____, **(ii)** the amount allocated to Program services \$ _____, **(iii)** the amount allocated to Management and general \$ _____, and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*



Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



What is the organization's primary exempt purpose?  The Chamber of Commerce serves its members and the nation's business community by analyzing national economic and social issues and by helping legislators and national leaders to shape policies and proposals to foster the development of American business	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Research and track issues affecting the business community and support pro-business legislation, regulations, and political activities (Grants and allocations \$) If this amount includes foreign grants, check here  	
b Enhance the competitiveness of business in the global marketplace. Lobby for business' trade agendas and manage programs that educate American companies about trade opportunities (Grants and allocations \$) If this amount includes foreign grants, check here  	
c Work closely with associations and state and local chambers of commerce to build awareness of and involvement in top policy issues and generate grassroots momentum (Grants and allocations \$) If this amount includes foreign grants, check here  	
d Recruit and retain members and coordinate member relations (Grants and allocations \$) If this amount includes foreign grants, check here  	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here  	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . 	

Part IV

Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		45	3,552,018
	46	Savings and temporary cash investments	23,623,192	46	18,667,255
	47a	Accounts receivable	47a944,716		
	b	Less allowance for doubtful accounts	47b	981,127	47c944,716
	48a	Pledges receivable	48a30,302,741		
	b	Less allowance for doubtful accounts	48b2,459,000	23,379,507	48c27,843,741
	49	Grants receivable	163,944	49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	827,027	53	917,801
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	139,742	54a	163,857
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments—land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b	55c		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment basis	57a39,760,814			
b	Less accumulated depreciation (attach schedule)	57b27,312,023	11,151,963	57c12,448,791	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	60,266,502	59	64,538,179	
Liabilities	60	Accounts payable and accrued expenses	23,395,220	60	17,342,568
	61	Grants payable		61	
	62	Deferred revenue	700,000	62	620,890
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	20,756,235	64b	22,625,433
	65	Other liabilities (describe <input type="checkbox"/> _____)	35,314,792	65	36,572,191
66	Total liabilities Add lines 60 through 65	80,166,247	66	77,161,082	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	-50,356,853	67	-51,462,562
	68	Temporarily restricted	30,457,108	68	38,839,659
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-19,899,745	73	-12,622,903
	74	Total liabilities and net assets / fund balances Add lines 66 and 73	60,266,502	74	64,538,179

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)				
a	Total revenue, gains, and other support per audited financial statements	a	163,368,732	
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	24,266	
2	Donated services and use of facilities	b2	193,550	
3	Recoveries of prior year grants	b3		
4	Other (specify) 	b4	48,522,791	
	Add lines b1 through b4	b	48,740,607	
c	Subtract line b from line a	c	114,628,125	
d	Amounts included on Part I, line 12, but not on line a			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) 	d2	9,450,986	
	Add lines d1 and d2	d	48,740,607	
e	Total revenue (Part I, line 12) Add lines c and d	e	124,079,111	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
a	Total expenses and losses per audited financial statements	a	164,883,147	
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1	193,550	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) 	b4	54,298,627	
	Add lines b1 through b4	b	54,492,177	
c	Subtract line b from line a	c	110,390,970	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) 	d2	9,450,986	
	Add lines d1 and d2	d	9,450,986	
e	Total expenses (Part I, line 17) Add lines c and d	e	119,841,956	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	111			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" .	75c	Yes		
	If "Yes," attach a statement that includes the information described in the instructions				
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Brandon Sweitzer 1615 H ST NW Washington, DC 20062	0	269,212	0	0

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes		
b	If "Yes," enter the name of the organization See Additional Data Table and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	19,138,926		
b	Did the organization file Form 1120-POL for this year?	81b	Yes		

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

193,550

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

Yes

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

Yes

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year

c

Dues assessments, and similar amounts from members

85c

98,928,644

d

Section 162(e) lobbying and political expenditures

85d

45,741,235

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

52,013,337

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

0

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

No

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX

88a

Yes

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI

88b

Yes

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

89b

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction

89b

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

89c

0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed

DC

90b

454

91a

The books are in care of

Stan M Harrell

Telephone no

(202) 463-5590

1615 H ST NW

Located at

Washington, DC

ZIP + 4

20062

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c Yes	
If "Yes," enter the name of the foreign country BE			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year		92	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Meetings					538,930
b Miscellaneous					363,309
c Publications					684,605
d Royalties			15	301	
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	466,029	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	716,875	
98 Net rental income or (loss) from personal property	532420	-110,123			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Affiliate Admin Charges					4,149,632
b Advertising	541800	405,000			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		294,877		1,183,205	5,736,476
105 Total (add line 104, columns (B), (D), and (E))					7,214,558

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ChamberBiz 1615 H ST NW Washington, DC20062 54-1960202	10000 00 %	Website Small Business Portal	0	0
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NOTE: If "Yes" to (b) , file Form 8870 and Form 4720 (see instructions).	

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				3,318,966

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				6,382,082

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		Yes	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

2007-11-09

Date

Stan M Harrell SVP, CFO & CIO

Type or print name and title

Paid Preparer's Use Only	Preparer's signature <div>Jennifer D Rhodenck</div>	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div>Ernst and Young</div> <div>5451 Lakeview Parkway South Drive</div> <div>Indianapolis, IN 46268</div>			EIN <div></div>
				Phone no <div>(317) 280-3472</div>

Additional Data

Software ID:
Software Version:
EIN: 53-0045720
Name: Chamber of Commerce of the USA

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Public education advertising	43a	13,114,698			
b Policy consulting	43b	11,715,351			
c General consulting	43c	3,353,604			
d Communication Related Expenses	43d	258,322			
e Contribution to other organizations	43e	3,562,291			
f Contribution to affiliates	43f	5,000			
g Temp Salaries	43g	550,692			
h Technology services	43h	6,632,988			
i Bad Debt Expense	43i	1,969,281			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas Donohue 1615 H ST NW Washington, DC 20062	President & CEO 40 00	3,256,685	30,687	0
Suzanne Clark 1615 H ST NW Washington, DC 20062	Exec VP & COO 40 00	991,466	33,080	0
Robert Josten 1615 H ST NW Washington, DC 20062	Executive VP 40 00	895,171	31,032	0
Stan Harrell 1615 H ST NW Washington, DC 20062	Sr VP CFO & CIO 40 00	316,217	29,015	0
Stephen Bokat 1615 H ST NW Washington, DC 20062	Secretary 40 00	294,273	17,339	0
Maura W Donahue 1615 H ST NW Washington, DC 20062	Chair of the Executive Committee 1 00	0	0	0
Gerald L Shaheen 1615 H ST NW Washington, DC 20062	Chairman of the Board of Directors 1 00	0	0	0
Steve Van Andel 1615 H ST NW Washington, DC 20062	Treasurer 1 00	0	0	0
Paul S Speranza Jr 1615 H ST NW Washington, DC 20062	Vice Chairman Board of Directors 1 00	0	0	0
Alan J Thayer Jr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Brian D Dailey 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Brian O'Hara 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
C Virginia Kirkpatrick 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
CA Howlett 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Cathy A Harper 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Craig L Fuller 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dan Kirby 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Daniel P Neary 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David A Steinberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David E Kepler 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David F Moxam 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David S McClimon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David W Raisbeck 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dennis M Nally 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dennis R Wraase 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Don L Blankenship 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Donald J Shepard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Donald J Sterhan 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dwight H Evans 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Edward B Dinan 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Edward Wanandi 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Edwin M Crawford 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ernest J Mrozek 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Frank L VanderSloot 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Fred Kaiser 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Fredrick D Palmer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gary J Taylor 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gary M Mabrey III CCE 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gary Winnick 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
George L Argyros 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
George Nolen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gerard K Meuchner 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gregori Lebedev 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
H Thomas Watkins 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Harland Stonecipher 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Harry C Alford 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Harry W Clark 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jacques E Dubois 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James A Hixon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James E Press 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
James E Rogers 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James E Rutrough 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James H Quigley 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James M Guyette 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James M Wordsworth 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James R Allen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jan L Jones 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeffrey A Rich 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeffrey C Crowe 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeffrey D Holley 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jeffry E Sterba 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Joan McCoy 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John A more 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John L Hopkins 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John M McCullouch 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John Ruan III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John S Chen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John W Bachmann 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Joshua I Smith 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Kedrick D Adkins Jr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Larree M Renda 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Larry A Liebenow 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Larry D Thompson 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Leon Trammell 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Linda N Awkard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Manuel J Perez de la Mesa 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mark D French 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mark T Bobak 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Michael D Garrett 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Michael L Ducker 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Orrin H Ingram 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Paul J Klaassen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Paula Rosput Reynolds 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Peter T Grauer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Rajendra Singh 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Raul R Romero 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Raymond E Pinard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Rhonda J Parish 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Rich Bagger 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert B McGehee 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Robert D MacDonald 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert J O'Connell 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert P Randall 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert S Milligan 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ronald A Rittenmeyer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ronald E Weinberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ronald T Monford 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Scott L Holman Sr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Steven C Anderson IOM CAE 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Steven J Green 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Sy Sternberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ted R French 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas C Leppert 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas D Bell Jr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas E Donilon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Todd W Herrick 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Tracy G Schmidt 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Trevor Fetter 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Walter J Galvin 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Wes W Lucas 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
William A Haseltine 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William G Little 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William L Walton 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William Weidner 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Winthrop M Hallett III IOM 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Center for International Private Enterprise	X	
Institute for a Competitive Workforce	X	
US Chamber Institute for Legal Reform	X	
National Chamber Foundation	X	
National Chamber Litigation Center	X	
Business Civic Leadership Center	X	
Coalition for Reform	X	
US Chamber Foundation for Legal Reform	X	
Madison County Record		X

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Meetings to educate members on issues affecting the business community
93b	Other activities related to exempt purposes
93c	Publications to educate business
103a	Administrative support charges to affiliates that support the
103a	organization's exempt purpose

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation
Schedule

Name: Chamber of Commerce of the USA
EIN: 53-0045720

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Harry W Clark - Director	National Chamber Foundation	52-6073268	Affiliate with common managment	0	0	0	The National Chamber Foundation paid \$60,000 to Stanwich Group LLC, 30 Elm Street, Greenwich, CT 06830 for various services provided by this individual and other support The organization is not privy to the exact amount of the compensation paid to the individual
Mark French - Director	The US Chamber Institute for Legal Reform	52-2109035	Affiliate with common managment	0	0	0	The US Chamber Institute for Legal Reform paid \$7,750 to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support The organization is not privy to the exact amount of the compensation paid to the individual
Mark French - Director	Chamber of Commerce of the USA	53-0045720	Affiliate with common managment	0	0	0	The Chamber of Commerce of the USA paid \$62,801 to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support The organization is not privy to the exact amount of the compensation paid to the individual

TY 2006 Depreciation and Depletion Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Asset	Amount
Current year straight line depreciation	2,488,732

TY 2006 Land etc. Schedule**Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,386,342		1,386,342
Building and improvements	29,340,100	18,722,780	10,617,320
Computers and software	6,676,130	6,542,894	133,236
Furniture and Equipment	2,358,242	2,046,349	311,893

TY 2006 Mortgages and Notes Payable Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Total Mortgage Amount: 0

Item No.	1
Lender's Name	Mercantile Safe Deposit and Trust C
Lender's Title	
Relationship to Insider	Banker to the Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	3500000
Date of Note	2001-07
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.8500
Security Provided by Borrower	75 of Building Value and Capital Campaign Receivables
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 Dec 31, 2006 rate 785
Description of Lender Consideration	Cash
Consideration FMV	3500000

Item No.	2
Lender's Name	National Chamber Foundation
Lender's Title	
Relationship to Insider	Affiliate of Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	16564303
Date of Note	2003-11
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.8500
Security Provided by Borrower	na
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 Dec 31, 2006 rate 785
Description of Lender Consideration	Cash
Consideration FMV	16564303

Item No.	3
Lender's Name	Institute for Legal Reform
Lender's Title	
Relationship to Insider	Affiliate of Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	2261003
Date of Note	2005-03
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.8500
Security Provided by Borrower	na
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 Dec 31, 2006 rate 785
Description of Lender Consideration	Cash
Consideration FMV	2261003

Item No.	4
Lender's Name	Telecom Ventures
Lender's Title	
Relationship to Insider	Former business partner
Original Amount of Loan	1229096
Balance Due	300127
Date of Note	2002-04
Maturity Date	2008-03
Repayment Terms	Monthly payments of \$20,833
Interest Rate	7.0000
Security Provided by Borrower	na
Purpose of Loan	Buyout of partner interest
Description of Lender Consideration	Partnership interest
Consideration FMV	1229096

TY 2006 Other Changes in Net Assets Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Minimum Pension Reserve Liability Adjustment	3,015,421
Unrealized Gain	24,266

TY 2006 Other Expenses Included Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Expense from Affiliates	54,065,863
Rental Expenses to line 6b on 990	232,764

**TY 2006 Other Expenses
Not Included Schedule**

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Elimination entries	9,450,986

TY 2006 Other Liabilities Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Beginning of Year Amount	End of Year Amount
Actuarial Liabilities	35,314,792	36,572,191

TY 2006 Other Revenues Included Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Revenue from affiliates	48,290,027
Rental expenses to line 6b on 990	232,764

**TY 2006 Other Revenues
Not Included Schedule**

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Elimination entries	9,450,986

Exempt Organization Declaration and Signature for
Electronic Filing

OMB No. 1545-1879

For calendar year 2006 or tax year beginning _____ 2006, and ending _____ 20 _____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2006

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Name of exempt organization

Chamber of Commerce of the USA

Employer identification number

53-0045720

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	124079111
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Signature of officer

Date

SVP, CFO & CIO
Title**Part III** Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's
Use
OnlyERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check if
also paid
preparer ☐Check if
self-
employed ☐

ERO's SSN or PTIN

81545

EIN

Phone no

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN

Ernst and Young

5451 Lakeview Parkway South Drive

Indianapolis, IN 46268

EIN

Phone no

34-6565596

317-280-3472